PTO/SB/30 (10-07) Approved for use through 10/31/2007, OMB 0651-0031

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Request	Application Number	10/521,970	
for Continued Examination (RCE)		July 13, 2005	
	Filing Date	Ralph Schleif	er
Transmittal	First Named Inventor	2626	
Address to: Mail Stop RCE Art Unit			
Commissioner for Patents	Examiner Name	Natalie Lenno)X
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Numbe	P16256-US1	
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filled prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.			
 Submission required under 37 CFR 1.114) Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). 			
 Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. 			
i. Consider the arguments in the Appeal Brief or Repty Brief previously filed on			
li. Other			
b. 🗹 Enclosed			
I. ✓ Amendment/Reply iji, Information Disclosure Statement (IDS)			
ii. Affidavit(s)/ Declaration(s) iv. Other			
Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of			
b. Other			
The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to			
a. Deposit Account No. 50-1379 I have enclosed a duplicate copy of this sheet.			
i. RCE fee required under 37 CFR 1.17(e)			
ii. Extension of time fee (37 CFR 1.136 and 1.17)			
iii. Other			
b. Check in the amount of \$enclosed			
c. Payment by credit card (Form PTO-2038 enclosed)			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
A A SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature		ale	August 25, 2008
Name (Print/Type) Michael Cameron		egistration No.	50,298
CERTIFICATE OF MAILING OR TRANSMISSION			
CERTIFICATE OF MAILING OR TRANSMISSION I hereby cartify that this dynderondence is plettly depopled with the Ifflate Step Postal Service with unificant postage as first class real in an envirope addressed to: Mail Stop F/S, Commissioner for Paulific. P. O. Body F-SO. Apparagins, VA 22313-H50 or facelimite transmitted to the U.S. Patient and Trademark. Control the death of the Paulific Apparagins, VA 22313-H50 or facelimite transmitted to the U.S. Patient and Trademark.			
Name (Print/Type) (Nancy amberti / Www.s.t.u.			
This collection of inderfeation is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete.			

to process) an application. ContendingBr/s is governed by 3 b U.S. 1.72 and 3 CPR.1.11 and 1.14. Inst condenon in seamman to use 2 minutes to complete, including glithering perpanting, and selimiting the completed implication from the MSPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this USPTO. The MSPTO in the Critical Internation Officer. U.S. Petent and Trademark Officer, U.S. Department of Commence, P.O., Box 144 MSPTO. The MSPTO THOS TEND FEES OF COMMETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandris, V.Z. 2213-1450. DN COMMETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandris, V.Z. 2213-1450. DN COMMETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandris, V.Z. 2213-1450.